First Water Qu WISCONSIN UNI	-								
Property Owner				Telephone Number ( )					
Mailing Address									
City				State		Zip Code			
County of Well Location  Co. Well permit  No. W				Well Completion Date (mm-dd-yyyy)					
Well Constructor (Business Name)				#		Mail		•	
Address				Results To					
City State	City State Zip C				ode				
Use this form onl	•	•							
STOP: DETACH SLIP A		BEFORE	COMP	LETI	NG UN		AS		
/ /	Time :_ H H I					Test Request ditional tests desirest is required.) Se			
Collected By:				☐ Flouride ☐ Nitrate					
Sample Leastion				Laboratory Use Only Approved Method					
Sample Location  Test Pump Air Lift Bailer Sampling Faucet Other				MMO-MUG   Membrane Filter   Multiple Tube Fermentation   Presence/Absence					
Pump Installer (If Kn	own)				Other .				
Other Tests or Comments:	Lab	• Cert.#	S S S S S S S S S S S S S S S S S S S	afe (C Jnsafe Feca nvalid Old Over Turk Chlo ate: oride:	gical Interpretation (Coliform (Coliform) (Coliform) (Subm - OL regrown bidity - orine Property (Coliform)	TU Shipping	al/E Coli At ) - FR cident - LA	SP N /L	
					-	ITY TEST ural Resources	Form 3300 (R 12/00		

## First Water Quality Test Form (3300-77)

All new, replacement, or reconstructed wells must be tested for bacteriological safety.

Fill out the form down to the shaded areas. You may use the Other Tests or Comments shaded area if you need to. Fill in all requested information.

When completed, print this form out and send it to a certified laboratory along with your sample.

You must collect a bacteriological sample for this well. A nitrate, fluoride, atrazine or other tests are optional, although the Wisconsin Groundwater Coordinating Council has endorsed a recommendation to take a nitrate sample in addition to bacteria.

Collect your sample just prior to mailing or bringing it to the laboratory. Bacteriological samples have shorter holding time requirements which should not be exceeded.

## Form Fields Help:

**Property Owner:** Enter the last name, a coma, followed by the first name. If there is no person and it is a business or facility, enter the full business or facility name.